

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

CONSERVED.

RAA-6100

63-049157

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1982

STATE FILE NUMBER

FILED DEC 31 1963

1. PLACE OF DEATH a. COUNTY <p align="center">St. Charles</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">St. Charles</p>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <p align="center">St. Charles</p>		Length of stay in 1b <p align="center">4 1/2 Mo.</p>		c. CITY OR TOWN <p align="center">St. Charles</p>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <p align="center">St. Joseph Hosp</p>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <p align="center">2106 No. Main</p>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Middle Last <p align="center">Lester G Swezey</p>		4. DATE OF DEATH Month Day Year <p align="center">Dec 23 1963</p>	
5. SEX <p align="center">M</p>	6. COLOR OR RACE <p align="center">W</p>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <p align="center">Sept 21 '89</p>	9. AGE (last birthday) <p align="center">74</p>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Blacksmith</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Mfg.</p>		11. BIRTHPLACE (City and state or country) <p align="center">Montgomery Co. Mo. U S A</p>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <p align="center">Jack Swezey</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Mary Butler</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Myrtle Williams Swezey</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">Yes W W I</p>		16. SOCIAL SECURITY NO. <p align="center">[REDACTED]</p>	
17. INFORMANT <p align="center">Nellie Pollard, St. Charles, Mo.</p>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <p align="center">Carcinoma of colon</p>		INTERVAL BETWEEN ONSET AND DEATH <p align="center">Unknown</p>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)		DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <p align="center">Arteriosclerotic heart disease, Emphysema</p>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Aug. 1963</u> to <u>12-23-63</u> and last saw ^{over} him alive on <u>12-23-63</u> Death occurred at <u>10:45 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <p align="center"><i>J. H. Connerford M.D.</i></p>		22b. ADDRESS <p align="center">114 N. Main, St. Charles Mo</p>		22c. DATE SIGNED <p align="center">12-24-63</p>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		23b. DATE <p align="center">Dec 26 '63</p>		23c. NAME OF CEMETERY OR CREMATORY <p align="center">OAK GROVE CEMETERY</p>	
23d. LOCATION (City, town, or county) <p align="center">ST. CHARLES MISSOURI</p>		24. FUNERAL DIRECTOR <p align="center">PRINSTER-BAUE INC. ST. CHARLES MO</p>		25. DATE RECD. BY LOCAL REG. <p align="center">Dec 26-1963</p>	
26. REGISTRAR'S SIGNATURE <p align="center"><i>Mabel Zamwalt Depo</i></p>		27. (Licensed Embalmer's Statement on Reverse Side)			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0928

2 0928

3

4 0

5 1

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7 0

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9 1538

10

11

12 1-0

13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

10-1-1964

JAN 10 1964

JAN 13 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.